

The California Partnership for Long-Term Care

FIELD POLL SUMMARY



INTRODUCTION

As medical science and the awareness of the positive impact of diet and exercise continue to help people live increasingly longer lives, there is a growing need for long-term care in the later years of life. The costs of such care are rising, along with the costs of living, and long-term care is quickly becoming a major life expense, on par with paying for a college education. Long-term care insurance offers coverage to help offset these high costs, along with services to assist people in planning for a financially secure future. The California Partnership for Long-Term Care is a public-private partnership established under the direction of California's Department of Health Services to assist California residents in preparing for their long-term care. In the fall of 2001, the Partnership commissioned a survey of long-term care issues and perceptions from the 2001 Field Poll in order to analyze current trends and attitudes towards long-term care among California residents. Overall, the survey found that Californians' attitudes and beliefs regarding their potential need for and access to long-term care are remarkably inconsistent with reality. The survey results pointed to a California adult populace that is ill informed and inadequately prepared to deal with the financially and emotionally challenging realities of long-term care issues.

METHODS

The 2001 Field Poll was based on a random, representative sample of 1,003 California adults age 18 or older. The sample for the survey was developed using random digit dialing methods, which give all adults living in households in California with telephones an equal chance of being selected for the survey. This method enables the survey to include both households with listed and unlisted telephone numbers in their proper proportions.

Telephone interviews were conducted in either English or Spanish from September 7-10, 2001. Results from the nine questions asked on behalf of the California Partnership for Long-Term Care (questions #57-65, some with accompanying sub-questions) are documented in this report. After the completion of interviewing, appropriate statistical weights were developed to match the sample of California adults interviewed to known parameters of the total adult population in California. Estimates of sampling error from results based on the overall sample are +/- 3.2 percentage points at the 95% confidence level. Weighted sample size used for calculations is n=1003 unless otherwise indicated. Percentages may not add precisely due to weighting and rounding.

BELIEF IN CHANCE OF BEING ADMITTED INTO A NURSING HOME

Almost one-half of those surveyed (44.9 percent) believe they have less than a 25 percent chance of being admitted into a nursing home (Table 1). Statistically, however, the average American 65 year old faces about a 50 percent chance of entering a nursing home. Sub-samples of the

population produced similar results for age and gender, but the percentage varied with income level and ethnicity. As shown in Table 2, the proportion of individuals stating belief in having less than a 25 percent chance of being admitted into a nursing home increased with decreasing income levels and was significantly higher (than both the general population and White/non-Hispanic individuals) among the Latino, African American and Asian/other ethnic groups. These results suggest that ethnicity and income are factors that may influence California residents' understanding of their chances of being admitted into a nursing home. This could also indicate culture-specific tendencies to rely on extended families to provide care, thus precluding the need for a nursing home. When examined in relationship to age of respondent, the percentages of those under sixty and over sixty who stated belief in having less than a 25 percent chance of being admitted to a nursing home were not significantly different than that of the overall sample.

Table 1. *Which of the following comes closest to how likely you feel it is that at some time during your life you will be admitted into a nursing home?*

<i>Response</i>	<i>Percentage of respondents</i>
Greater than 75%	9.7%
Greater than 50% (but less than 75%)	19.6%
Less than 50% (but greater than 25%)	22.2%
Less than 25%	21.6%
No chance	23.3%
Don't know	3.6%

Table 2. *Belief in having less than a 25% chance of being admitted into a nursing home in entire sample and selected sub-samples.*

	<i>Percentage responding either "less than a 25% chance" or "no chance"</i>
OVERALL	44.9%
INCOME LEVEL	
<\$20K (<i>n</i> =170)	55.4%
\$20-40K (<i>n</i> =242)	47.1%
\$40-60K (<i>n</i> =176)	40.3%
\$60-80K (<i>n</i> =124)	36.8%
>\$80K (<i>n</i> =202)	41.2%
ETHNICITY	
White/Non-Hispanic (<i>n</i> =597)	36.2%
Latino (<i>n</i> =238)	60.1%
African American (<i>n</i> =61)	57.5%
Asian/Other (<i>n</i> =108)	55.0%
AGE	
Under 60 (<i>n</i> =825)	44.8%
60+ (<i>n</i> =179)	44.7%

ESTIMATES OF LONG-TERM CARE COSTS

Only about one out of five respondents (19.5 percent) estimated that a year of care in a nursing home costs \$50,000 or more. This represents a significant gap between the reality of long-term care expenses and the perception of those expenses by California residents – the current average cost of a year of care in a nursing home in California is \$51,000 (source: California Partnership for Long-Term Care). When asked to estimate the cost of a year of care in a nursing home, most respondents (63.3 percent) gave estimates of figures below \$50,000. As shown in Table 3, a relatively high percentage (17.3 percent) indicated that they did not know and would not hazard a guess at the cost of a year of care in a nursing home.

Table 3. *At today's prices, how much do you think, on average, it costs for a person to stay in a nursing home in your own general area for a full year?*

Response	Percentage of respondents
Less than \$10,000	2.9%
\$10,000 - \$19,999	14.0%
\$20,000 - \$29,999	17.1%
\$30,000 - \$39,999	18.3%
\$40,000 - \$49,999	11.0%
\$50,000 - \$59,999	7.6%
\$60,000 - \$69,999	4.3%
\$70,000 - \$79,999	2.3%
\$80,000 or more	5.3%
Don't know	17.3%

When sub-samples of respondents to this question were examined, income level clearly emerged as a factor influencing estimates of the cost of a year of care in a nursing home. As shown in Table 4 below, those at the upper and lower ends of the income scale were less likely to estimate the cost of a year of care at less than \$50,000. However, the sub-sample of those at the lower level (<\$20,000/year) had a high occurrence of “don’t know” responses. In contrast, the sub-sample of those at the higher income level (>\$80,000/year) had a relatively low occurrence of “don’t know” responses. Sub-samples of the two highest income levels were more likely than the other sub-samples to estimate the cost at >\$50,000. While no direct relationship can be drawn between income level and estimation of long-term care costs, it is clear that the two are related. Those in the age 60 or over sub-sample were less likely to estimate the cost at >\$50,000 and more likely to respond “don’t know” to this question.

Table 4. Estimates of the cost of one year of care in a nursing home, examined in light of income level and age of respondents.

	<i>Estimate at <\$50,000</i>	<i>Estimate at >\$50,000</i>	<i>Don't know</i>
OVERALL	63.3%	19.5%	17.3%
INCOME LEVEL			
<\$20K (n=170)	49.9%	21.4%	28.7%
\$20-40K (n=242)	72.2%	10.8%	17.0%
\$40-60K (n=176)	62.8%	20.8%	16.4%
\$60-80K (n=124)	67.6%	28.7%	3.7%
>\$80K (n=202)	57.4%	32.1%	10.5%
AGE			
Under 60 (n=825)	62.9%	21.2%	16.1%
60+ (n=179)	64.8%	12.3%	22.3%

MEDICAL INSURANCE AND HEALTH PLAN COVERAGE

The majority of those surveyed (83.6 percent) stated that they were covered by medical insurance or some other type of health plan. People under the age of forty were less likely to indicate that they had medical insurance, while those age forty and over were slightly more likely to indicate that they had medical insurance. Latinos were significantly less likely (than other ethnic groups and than the overall sample) to indicate they had medical insurance. African Americans and Whites showed slightly higher rates of respondents indicating they had medical insurance. The likelihood of having medical insurance decreased with decreasing income level. These results point to cost, lack of pertinent information and lack of access as possible reasons for not having medical insurance.

Table 5. *Are you currently covered by medical insurance or some other form of government or private health plan that will pay all or part of your doctor bills or hospitalization should you require it? Responses from overall sample as well as selected sub-samples.*

	Yes	No	Don't know
OVERALL	83.6%	15.7%	0.8%
AGE			
Under 40 (<i>n</i> =472)	76.5%	22.7%	1.2%
40 and over (<i>n</i> =532)	89.5%	9.4%	1.1%
ETHNICITY			
White/Non-Hispanic (<i>n</i> =597)	88.0%	11.7%	0.3%
Latino (<i>n</i> =238)	70.2%	27.8%	2.0%
African American (<i>n</i> =61)	86.6%	13.4%	-- (<0.5%)
Asian/Other (<i>n</i> =108)	82.1%	15.1%	2.8%
INCOME LEVEL			
<\$20K (<i>n</i> =170)	68.9%	30.1%	1.0%
\$20-40K (<i>n</i> =242)	80.7%	18.5%	0.8%
\$40-60K (<i>n</i> =176)	86.1%	13.5%	0.4%
\$60-80K (<i>n</i> =124)	91.8%	7.7%	0.4%
>\$80K (<i>n</i> =202)	94.2%	5.1%	0.8%

TYPE OF MEDICAL COVERAGE

Respondents who responded “yes” or “don’t know” when asked if they had medical insurance were then given a list of common types of medical insurance to choose from. Over two-thirds of this sub-sample indicated that their medical insurance was through an employer, union or association. As shown in Table 6, Medi-gap was the least-common source of medical insurance for respondents who responded “yes” or “don’t know” when asked if they had medical insurance.

Table 6. *Are you currently covered under this type of insurance?*

<i>Those who responded “yes” or “don’t know” when asked if they had medical insurance (n=846)</i>	Yes
Through employer, union, association	71.9%
Other purchased policies	29.3%
Medicare*	15.1%
Medi-Cal**	11.5%
Medi-gap*	4.1%

*only asked of those age 65 or over who responded “yes” or “don’t know” when asked if they had medical insurance

**only asked of those under age 65 who responded “yes” or “don’t know” when asked if they had medical insurance

The occurrence of different types of medical coverage among those who responded “yes” or “don’t know” when asked if they had medical insurance varied with ethnicity and income level. Respondents in the Asian/other ethnic group were far less likely to have coverage through an employer. Coverage by Medi-Cal occurred more in the Latino and African American ethnic groups and less in the White and Asian/other groups. As shown in Table 7, coverage by Medi-gap was low among African Americans. Coverage by Medicare was significantly higher in the White ethnic group than in other ethnic groups and in the overall sample. Insurance through employment increased with increasing income level. However, insurance through Medicare and Medi-Cal decreased with increasing income level. There are many possible contributing factors to these observed trends, including type of employment.

Table 7. Types of medical insurance coverage within selected sub-samples of those who responded “yes” or “don’t know” when asked if they had medical insurance.

	<i>Employer</i>	<i>Other</i>	<i>Medicare*</i>	<i>Medi-Cal**</i>	<i>Medi-gap*</i>
OVERALL (n=846)	71.9%	29.3%	15.1%	11.5%	4.1%
ETHNICITY					
White/Non-Hispanic (n=527)	73.4%	23.1%	20.7%	8.0%	5.3%
Latino (n=172)	72.7%	37.2%	6.4%	19.8%	2.9%
African American (n=53)	69.8%	37.7%	5.7%	24.5%	1.9%
Asian/Other (n=92)	63.0%	42.4%	4.3%	14.1%	2.2%
INCOME LEVEL					
<\$20K (n=119)	38.7%	17.6%	25.2%	44.5%	4.2%
\$20-40K (n=198)	72.7%	30.8%	17.7%	7.6%	5.6%
\$40-60K (n=152)	78.3%	28.9%	15.1%	5.9%	3.9%
\$60-80K (n=115)	81.7%	38.3%	7.0%	6.1%	3.5%
>\$80K (n=191)	83.2%	29.9%	5.7%	2.6%	2.1%

*only asked of those age 65 and over

**only asked of those under age 65

LONG-TERM CARE INSURANCE POLICYHOLDERS

Those who responded “yes” or “don’t know” when asked if they had medical insurance were asked whether they currently had a separate private long-term care insurance policy. As shown in Table 8, this percentage varied somewhat with income and ethnicity, but was low overall. In particular, the lowest income level (<\$20,000/year) and the Latino ethnic group had significantly low percentages of long-term care insurance policyholders – 1.7 percent and 8.1 percent, respectively.

The “60+” sub-sample had nearly double the percentage of respondents (compared to the overall sub-sample of those who responded “yes” or “don’t know” when asked if they had medical insurance) indicating that they had a long-term care insurance policy, this represented only about one-fifth of the highest at-risk population.

It is important to note that long-term care insurance market penetration in California is reported by official statistics to be about 5 percent. This question was only asked of those respondents who responded “yes” or “don’t know” when asked if they had medical insurance.

Table 8. *Do you currently have a separate private insurance policy bought specifically to pay the costs of long-term care provided either at home or in a nursing home? Selected sub-samples are detailed. **Question asked of those who responded “yes” or “don’t know” when asked if they had medical insurance.***

	Yes	No	Don’t know
OVERALL (n=846)	12.8%	82.5%	4.7%
ETHNICITY			
White/Non-Hispanic (n=527)	14.2%	81.0%	4.7%
Latino (n=172)	8.1%	89.5%	2.3%
African American (n=53)	15.1%	71.7%	13.2%
Asian/Other (n=92)	12.0%	82.6%	5.4%
INCOME LEVEL			
<\$20K (n=119)	1.7%	92.4%	5.0%
\$20-40K (n=198)	12.1%	84.8%	3.0%
\$40-60K (n=152)	14.5%	80.9%	4.6%
\$60-80K (n=115)	17.4%	74.8%	7.8%
>\$80K (n=191)	12.6%	84.3%	3.1%
AGE			
Under 60 (n=680)	10.7%	84.4%	4.9%
60+ (n=166)	21.7%	74.7%	4.2%

BELIEF THAT HEALTH INSURANCE WILL COVER LONG-TERM CARE EXPENSES

Those respondents who had **health** insurance (respondents who indicated that they had one of the five types of insurance – employer, self- or other-purchased, Medicare, Medi-Cal or Medi-gap) were asked whether they believed their policies would pay for care if they were to become disabled and need ongoing long-term care either at home or in a nursing home. In fact, in most cases health insurance does not cover long-term care for periods of more than three months. Over half of those who had health insurance through Medi-Cal answered this question in the affirmative. This was the highest positive response rate out of the five types of health insurance included in the survey, as detailed in Table 9. About the same percentage of those who had health insurance through their employer and those who had health insurance through a policy they or someone in their family had bought directly answered this question in the affirmative. Positive response rates for Medicare and Medi-gap policyholders were significantly lower than for other types of health insurance.

Occurrence of “don’t know” responses was significantly lower for self- or other-purchased policyholders (12.9 percent) and for Medi-Cal policyholders (11.3 percent) than for the other types of health insurance. Combined with the relatively high positive response rates for these two types of health insurance, these results indicate that self-purchased policyholders and Medi-Cal policyholders may feel more confidence in the benefits provided by their policies than other policyholders do.

Table 9. *Suppose you were to become disabled and need on-going long-term care either in your home or in a nursing home for six months or more. If this were to happen, do you believe your ... would pay all or most of the cost of this long-term care?*

<i>Type of Health Insurance</i>	<i>Yes</i>	<i>No</i>	<i>Don’t know</i>
Through employer, union, association (<i>n=608</i>)	44.6%	32.1%	23.3%
Self- or other-purchased policies (<i>n=248</i>)	44.0%	43.1%	12.9%
Medicare (<i>n=128</i>)	21.1%	53.9%	25.0%
Medi-Cal (<i>n=97</i>)	54.6%	35.1%	11.3%
Medi-gap (<i>n=35</i>)	31.4%	51.4%	20.0%

In addition to the variation between types of health insurance discussed above, responses to this question varied to some extent when viewed in terms of the ethnicity and income level of the respondents, as shown in Table 10. The overall trend of high percentages of affirmative responses in the cases of employer, self-, or Medi-Cal health insurance and low percentages for Medicare and Medi-gap was reflected in percentages for the White/non-Hispanic and Asian/other ethnic groups. Percentages of affirmative responses for Latinos were higher than the overall percentages for employer, Medi-Cal and Medi-gap health insurance, and lower than overall (lowest of all the ethnic groups) for self-purchased policies. African American respondents gave high percentages for self-purchased, Medicare and Medi-Cal health insurance, and a low percentage for employer-purchased health insurance. The small sub-sample size for Medi-gap policyholders may have skewed some percentages, but the overall picture remains the

same – there are distinct differences between ethnic groups in beliefs about whether health insurance will pay for long-term care.

In examining responses to this question in relation to income level, some patterns emerge. Among lower income levels, belief that employer-purchased and Medi-Cal health insurance would cover the costs of long-term care was highest. At higher income levels, belief that employer-purchased, self-purchased and Medi-gap insurance would cover the costs of long-term care was highest. These results could indicate a large degree of reliance among the general population on employer-purchased health insurance as well as Medi-Cal and Medi-gap for payment of long-term care expenses.

When the responses were viewed in relation to age, there was a significant difference between the under 50 and 50+ sub-samples in belief that their employer-paid health insurance policy would cover long-term care costs. The younger sub-sample was more likely to express this belief, and the older sub-sample less likely. The fact that Medicare and Medi-gap are only available to individuals over 60 made it difficult to assess responses to this question in relation to age. However, the relatively lower percentages of affirmative responses for these two types of health insurance as compared to employer, other and Medi-Cal suggest that those who hold Medicare and Medi-gap policies have a relatively more realistic view of the provisions of their policies.

Table 10. *Percentage of “yes” responses to question of whether holders of different types of health insurance policies believe their current policies would provide for long-term care for six months or more.*

	<i>Employer</i>	<i>Other</i>	<i>Medicare*</i>	<i>Medi-Cal**</i>	<i>Medi-gap*</i>
OVERALL	44.6% (n=608)	44.0% (n=248)	21.1% (n=128)	54.6% (n=97)	31.4% (n=35)
ETHNICITY					
White/Non-Hispanic	43.4% (n=387)	43.4% (n=122)	17.4% (n=109)	52.4% (n=42)	21.4% (n=28)
Latino	52.8% (n=125)	37.3% (n=64)	45.5% (n=11)	58.8% (n=34)	60% (n=5)
African American	37.8% (n=37)	55.0% (n=20)	66.6% (n=3)	61.5% (n=13)	0.0% (n=1)
Asian/Other	43.1% (n=58)	48.7% (n=39)	25.0% (n=4)	46.2% (n=13)	100% (n=2)
INCOME LEVEL					
<\$20K	39.1% (n=46)	28.6% (n=21)	26.6% (n=30)	58.5% (n=53)	20.0% (n=5)
\$20-40K	47.2% (n=144)	45.9% (n=61)	14.3% (n=35)	60.0% (n=15)	9.1% (n=11)
\$40-60K	42.0% (n=119)	50.0% (n=44)	26.1% (n=23)	44.5% (n=9)	50.0% (n=6)
\$60-80K	39.4% (n=94)	43.2% (n=44)	25.0% (n=8)	57.1% (n=7)	75.0% (n=4)
>\$80K	50.3% (n=159)	43.9% (n=57)	18.2% (n=11)	20.0% (n=5)	25.0% (n=4)
AGE					
Under 50	47.9% (n=422)	43.7% (n=197)	—	57.3% (n=61)	—
50+	37.1% (n=186)	45.1% (n=51)	21.1% (n=128)	50.0% (n=36)	31.4% (n=35)

*Question only asked of those age 65 or older

**Question only asked of those under age 65

BELIEF THAT GOVERNMENT PROGRAMS WILL PAY FOR LONG-TERM CARE FOR THOSE AGE 65 OR OLDER

Those who responded that they did not have medical insurance (n=157) and those who responded “no” or “don’t know” when asked if they had insurance coverage through Medicare (n=718), Medi-Cal (n=749) or Medi-gap (n=811) were asked whether they believed that Medicare, Medi-Cal or Medi-gap programs would pay for their long-term care if needed when they reached age 65 or older. As shown in Table 11, in each case about one-third of the total sample expressed belief that the program in question would pay for long-term care for those age 65 or older. One interesting side note is that the percentage of respondents giving “don’t know”

as their response to this question was significantly higher for Medi-gap than for the other two programs. This could indicate a lack of information about this program.

Table 11. *Suppose that when you are age 65 or older you need ongoing long-term care provided for you either in your home or in a nursing home for six months or more. If this were to happen, do you believe that ... would pay all or most of the cost of this long-term care? Question asked only of those who responded that they did not have medical insurance (n=157) and those who responded “no” or “don’t know” when asked if they had insurance coverage through Medicare (n=718), Medi-Cal (n=749) or Medi-gap (n=811).*

	<i>Yes</i>	<i>No</i>	<i>Don’t know</i>
Medicare (n=875)	34.5%	53.3%	12.2%
Medi-Cal (n=906)	35.4%	45.3%	19.3%
Medi-gap (n=968)	32.4%	35.1%	32.4%

Examination of the data for this question by grouping for age, ethnicity and income level produced consistent results for all three programs, as detailed in Table 12. In each case Latinos and African Americans were more likely, Asians/others equally likely and Whites/non-Hispanics less likely than both the general population and other ethnic groups to believe that these programs would provide for long-term care expenses after the age of 65. Percentages of people stating belief that each of these programs would provide for long-term care expenses were low among respondents age 60 and over. Overall, belief that each program would provide for long-term care expenses decreased with increasing income level.

It is important to note that only Medicare eligibility and Medi-gap eligibility are based on age and disability – Medi-Cal eligibility is based on assets and income.

Table 12. *Percentage of affirmative responses to question of whether specific government programs would provide for long-term care expenses, by selected sub-sample.* Question asked only of those who responded that they did not have medical insurance (*n*=157) and those who responded “no” or “don’t know” when asked if they had insurance coverage through Medicare (*n*=718), Medi-Cal (*n*=749) or Medi-gap (*n*=811).

	<i>Medicare</i>	<i>Medi-Cal</i>	<i>Medi-gap</i>
OVERALL	34.5% (<i>n</i> =875)	35.4% (<i>n</i> =906)	32.4% (<i>n</i> =968)
AGE			
Under 60	35.2% (<i>n</i> =825)	37.0% (<i>n</i> =751)	34.4% (<i>n</i> =825)
60 and over	23.5% (<i>n</i> =51)	27.7% (<i>n</i> =155)	21.0% (<i>n</i> =143)
ETHNICITY			
White/Non-Hispanic	26.1% (<i>n</i> =487)	29.1% (<i>n</i> =554)	27.6% (<i>n</i> =569)
Latino	50.2% (<i>n</i> =227)	51.2% (<i>n</i> =205)	42.1% (<i>n</i> =233)
African American	45.6% (<i>n</i> =57)	50.0% (<i>n</i> =48)	41.7% (<i>n</i> =60)
Asian/Other	33.7% (<i>n</i> =104)	37.9% (<i>n</i> =95)	33.0% (<i>n</i> =106)
INCOME LEVEL			
<\$20K	47.9% (<i>n</i> =140)	43.6% (<i>n</i> =117)	42.1% (<i>n</i> =164)
\$20-40K	41.8% (<i>n</i> =208)	45.8% (<i>n</i> =227)	37.2% (<i>n</i> =231)
\$40-60K	34.0% (<i>n</i> =153)	36.5% (<i>n</i> =167)	34.7% (<i>n</i> =170)
\$60-80K	24.1% (<i>n</i> =116)	30.8% (<i>n</i> =117)	21.7% (<i>n</i> =120)
>\$80K	25.1% (<i>n</i> =191)	25.4% (<i>n</i> =197)	25.9% (<i>n</i> =197)

ASSESSMENT OF VALUE OF LONG-TERM CARE INSURANCE POLICIES

Nearly 40 percent of those surveyed indicated that they felt long-term care insurance would be either an “excellent” or a “good” investment. As shown in Table 13, there were six possible responses to the question. The highest percentages tended to be at the middle of the scale of responses (“fair” and “good”). These results indicate that many Californians may be open to exploring long-term care insurance options. However, the fact that respondents were about as likely to respond “very poor” as they were to respond “excellent” points to the need for an increase in education on the subject of long-term care insurance.

Table 13. *How good of an investment do you feel an insurance policy like this [one that would pay for either in-home or nursing home care for someone your age] would be for you at this time – an excellent, good, fair, poor or very poor investment?*

<i>Response</i>	<i>Percentage of Respondents</i>
Excellent	12.9%
Good	25.2%
Fair	22.9%
Poor	20.8%
Very Poor	13.2%
Don’t know	4.9%

Examining responses to this question in light of respondents’ ethnic group and income level revealed some interesting trends. As shown in Table 14, African Americans and Latinos were more likely and Whites/non-Hispanics and Asians/others less likely to respond either “excellent” or “good.” This pattern reversed for responses of either “poor” or “very poor.” As income level increased, percentages of either “excellent” or “good” responses decreased. The opposite effect was seen for percentages of “poor” or “very poor” in relation to income level. Income level could be a good indicator of belief in the value of long-term care insurance – people at lower income levels were generally more positive to long-term care insurance policies, while those at higher income levels were generally more negative. Latinos and African Americans were likewise more favorable to long-term care insurance policies than Whites/non-Hispanics or Asians/others. It is important to note, however, the high incidence of “don’t know” responses among Whites/non-Hispanics and African Americans, and the low incidence of this response among Latinos and Asians/others.

The age of the respondent did not make a significant difference in responses to this question. The only area in which there was a slight variation was the “50+” sub-sample’s percentage of “don’t know” responses – which was more than twice that of the overall sample. This apparent inattention to the potential value of long-term care insurance among an age group that faces this issue imminently is cause for concern.

Table 14. *Assessment of the value of long-term care insurance policies, in relation to selected sub-samples.*

	<i>Excellent/ Good</i>	<i>Fair</i>	<i>Poor/Very Poor</i>	<i>Don't know</i>
OVERALL	38.1%	22.9%	34.0%	4.9%
ETHNICITY				
White/Non-Hispanic (n=597)	32.5%	22.1%	38.4%	7.0%
Latino (n=238)	51.7%	26.9%	21.0%	0.5%
African American (n=61)	46.8%	16.4%	27.5%	9.1%
Asian/Other (n=108)	37.5%	24.1%	37.1%	1.6%
INCOME LEVEL				
<\$20K (n=170)	42.9%	22.3%	30.8%	4.1%
\$20-40K (n=242)	46.3%	16.6%	33.9%	3.2%
\$40-60K (n=176)	35.4%	25.4%	34.8%	4.4%
\$60-80K (n=124)	32.8%	30.7%	35.3%	1.2%
>\$80K (n=202)	33.1%	28.6%	35.2%	3.1%
AGE				
Under 50 (n=678)	39.2%	24.5%	34.4%	1.6%
50+ (n=326)	35.6%	19.6%	32.8%	11.7%

REASONS FOR NOT PURCHASING PRIVATE LTC INSURANCE

Those individuals who either did not have a separate private long-term care insurance policy or did not know whether they did (n=895) were presented with various possible reasons for not purchasing private long-term care insurance. The results for the overall sample are shown in Table 15, with data from similar 1994 and 1996 Field Poll studies included to provide a long-range perspective on California residents' reasons for not purchasing long-term care insurance. There was no significant change over this time period in the percentage of people responding "yes" to two of the eight reasons given (#7 and 8 in the table) – that chances of needing long-term care insurance is low, so an insurance policy isn't really worth it, and that children or other relatives could provide or help pay for long-term care if needed. Responses to other possible reasons given indicate a decline over time in responses citing concern over the cost of long-term care insurance (#1), distrust of long-term care insurance companies (#3), belief that the

government will eventually cover long-term care costs (#5) and skepticism about the value of long-term care insurance policies (#6) as reasons for not purchasing long-term care insurance policies. Over this seven-year period, there was also an increase in the percentage of respondents stating confidence in family assets as a source of funds for long-term care (#4) as a reason and some slight shifts in the percentage of people giving the reason that they had not given much thought to purchasing long-term care insurance (#2) – the percentage declined by almost ten percent from 1994 to 1996, but increased slightly from 1996-2001. These findings provide a comprehensive picture of the attitudes that shape the decision not to purchase long-term care insurance and clear evidence that these attitudes have shifted significantly over the past seven years.

Table 15. *Is this a reason why you or your family have not already purchased separate insurance policies that would specifically pay for long-term care expenses?*

	1994		1996		2001	
	YES	D/K	YES	D/K	YES	D/K
#1 LTC insurance policies would cost too much for us	60%	4%	52%	11%	52%	4%
#2 We haven't really given much thought to purchasing insurance to pay for LTC	66%	2%	57%	11%	61%	3%
#3 LTC insurance companies cannot be trusted to pay the benefits they promise	44%	8%	38%	22%	34%	8%
#4 Our family assets and income will be enough to pay for LTC should we need it	29%	5%	25%	11%	33%	5%
#5 The government will eventually create a program which will pay for the costs of LTC	22%	5%	17%	14%	14%	6%
#6 There really aren't any good LTC policies that would completely meet our needs	28%	16%	29%	26%	23%	13%
#7 Chances are that we will never need LTC, so buying it is not really worth it	26%	4%	26%	13%	26%	6%
#8 My children/relations can provide or help pay for LTC if we need it	24%	4%	21%	10%	24%	4%

Responses to this series of questions show some degree of difference between people of different income level, gender and ethnic groups. The following sections detail these variations and discuss each component of the series individually.

High Cost of Long-Term Care Insurance

The percentage of those who indicated that the perceived high cost of long-term care insurance was their reason for not purchasing it was clearly related to both ethnicity and income level, as shown in Table 16. In the latter case, the percentage decreased as income level increased. Latino respondents were far more likely than either the general population or any other ethnic group to identify with cost as a reason. The African American and Asian/other ethnic groups were less likely than the general population and Whites or Latinos to indicate that cost was a reason for not purchasing long-term care insurance.

Those respondents in the "50+" sub-sample had a significantly higher percentage citing belief that long-term care insurance costs too much as a reason for not having long-term care insurance. Compared with the slightly lower percentage of those under 50, it appears that there is a significant difference attributable in part to age in perception of long-term care insurance costs.

Table 16. *Percentage of respondents who don't have long-term care insurance indicating belief that long-term care insurance costs too much money as a reason.*

	Percentage
OVERALL (n=895)	52.4%
ETHNICITY	
White/Non-Hispanic (n=521)	50.0%
Latino (n=224)	60.8%
African American (n=53)	43.1%
Asian/Other (n=97)	45.8%
INCOME LEVEL	
<\$20K (n=168)	72.7%
\$20-40K (n=219)	64.5%
\$40-60K (n=153)	49.4%
\$60-80K (n=104)	40.2%
>\$80K (n=178)	27.9%
AGE	
Under 50 (n=624)	49.2%
50 + (n=271)	59.8%

Haven't Given Much Thought to Purchasing Long-Term Care Insurance

Nearly two-thirds of those who did not have long-term care insurance gave as a reason the fact that they hadn't given much thought to purchasing long-term care insurance. This percentage was nearly constant for all ethnic groups except African Americans, in which the percentage was significantly lower. Given the high percentage (nearly ninety percent) of African Americans surveyed who did not have long-term care insurance, this indicates that many African Americans may have actually considered long-term care insurance but been dissuaded from purchasing it for another reason. The percentage also varied with age – those in the “under 50” sub-sample were more likely to indicate not having thought about long-term care insurance as a reason for not purchasing, while those in the “50+” sub-sample were less likely to give this reason. Also, as shown in Table 17 below, the percentage varied with income level, though not in direct relation.

Table 17. *Percentage of respondents who don't have long-term care insurance indicating the fact that they haven't given long-term care insurance much thought as a reason.*

	Percentage
OVERALL (n=895)	61.1%
ETHNICITY	
White/Non-Hispanic (n=521)	61.2%
Latino (n=224)	61.5%
African American (n=53)	47.2%
Asian/Other (n=97)	62.8%
INCOME LEVEL	
<\$20K (n=168)	55.2%
\$20-40K (n=219)	61.7%
\$40-60K (n=153)	53.7%
\$60-80K (n=104)	71.6%
>\$80K (n=178)	67.2%
AGE	
Under 50 (n=624)	66.5%
50 + (n=271)	48.3%

Insurance Companies Cannot Be Trusted to Provide the Benefits They Promise

Another reason cited by respondents who did not have long-term care insurance was that long-term care insurance companies cannot be trusted to provide the benefits they promise. Non-White ethnic groups were more likely to state this as a reason. Also, as shown in Table 18 below, the tendency to express this belief decreased with increasing income level. Age of respondents had no significant effect on the tendency to express this belief.

Table 18. *Percentage of respondents who don't have long-term care insurance indicating belief that insurance companies cannot be trusted to provide the benefits they promise as a reason.*

	Percentage
OVERALL (n=895)	34.4%
ETHNICITY	
White/Non-Hispanic (n=521)	30.1%
Latino (n=224)	41.3%
African American (n=53)	39.6%
Asian/Other (n=97)	38.3%
INCOME LEVEL	
<\$20K (n=168)	41.1%
\$20-40K (n=219)	44.3%
\$40-60K (n=153)	33.9%
\$60-80K (n=104)	32.6%
>\$80K (n=178)	20.6%
AGE	
Under 50 (n=624)	34.0%
50+ (n=271)	35.4%

Confidence in Family Assets

As shown in Table 19 below, confidence in family assets was significantly lower among African Americans than among either the general population or any other ethnic group. Males had a higher confidence in family assets, and females a lower confidence. Confidence in family assets, as might be expected, increased with increasing income level. Age of respondents did not have any significant effect on the percentage citing confidence in family assets as a reason for not having long-term care insurance.

Table 19. *Percentage of respondents who don't have long-term care insurance indicating confidence in family assets as a reason.*

	Percentage
OVERALL (n=895)	33.4%
ETHNICITY	
White/Non-Hispanic (n=521)	35.4%
Latino (n=224)	29.8%
African American (n=53)	25.3%
Asian/Other (n=97)	33.7%
GENDER	
Male (n=449)	38.8%
Female (n=445)	27.9%
INCOME LEVEL	
<\$20K (n=168)	33.0%
\$20-40K (n=219)	21.4%
\$40-60K (n=153)	31.3%
\$60-80K (n=104)	36.0%
>\$80K (n=178)	50.8%
AGE	
Under 50 (n=624)	31.7%
50+ (n=271)	36.9%

Government Will Eventually Create a Program to Pay for Long-Term Care

Belief that the government will eventually create a program to pay for long-term care, while not often cited overall, showed some interesting trends with income level and ethnicity. As shown in Table 20, Latinos were far more likely than the general population or any other ethnic group to state this as a reason for not purchasing long-term care insurance. With increasing income level, the percentage of respondents giving this as a reason decreased. Age of respondents had no significant effect on the percentage of affirmative responses to this question.

Table 20. *Percentage of respondents who don't have long-term care insurance indicating belief that the government will eventually create a program to pay for long-term care as a reason.*

	Percentage
OVERALL (n=895)	13.9%
ETHNICITY	
White/Non-Hispanic (n=521)	9.6%
Latino (n=224)	24.4%
African American (n=53)	12.3%
Asian/Other (n=97)	13.4%
INCOME LEVEL	
<\$20K (n=168)	22.6%
\$20-40K (n=219)	15.7%
\$40-60K (n=153)	12.1%
\$60-80K (n=104)	8.3%
>\$80K (n=178)	8.6%
AGE	
Under 50 (n=624)	13.1%
50+ (n=271)	15.5%

There Aren't Any Policies That Would Completely Meet Our Needs

As shown in Table 21, the belief that there aren't really any long-term care insurance policies tailored to people's specific needs was voiced by about one-fifth of the population. Whites were less likely to express this belief, while the other ethnic groups were more likely. Respondents in the "50+" sub-sample were slightly more likely than the overall sample and those in the "under 50" sub-sample to cite this belief as a reason for not having long-term care insurance policies.

Table 21. *Percentage of respondents who don't have long-term care insurance indicating belief that there aren't any really good policies that would completely meet their needs as a reason.*

	Percentage
OVERALL (n=895)	23.4%
ETHNICITY	
White/Non-Hispanic (n=521)	19.8%
Latino (n=224)	27.0%
African American (n=53)	34.7%
Asian/Other (n=97)	26.7%
INCOME LEVEL	
<\$20K (n=168)	25.3%
\$20-40K (n=219)	30.6%
\$40-60K (n=153)	22.6%
\$60-80K (n=104)	23.8%
>\$80K (n=178)	12.9%
AGE	
Under 50 (n=624)	21.6%
50+ (n=271)	26.9%

Probably Won't Need Long-Term Care, So It's Not Worth It To Pay for a Policy

About one-fourth of those who didn't have long-term care insurance stated the belief that they probably won't need long-term care as a reason for not purchasing a policy. Males were more likely and females less likely to state this belief as a reason. As shown in Table 22, those in the lowest income group were also more likely than the rest of the sample to give this as a reason. Age of respondents had no significant effect on responses to this question.

Table 22. *Percentage of respondents who don't have long-term care insurance indicating the belief that they probably won't need long-term care, so it's not worth it to pay for a policy, as a reason.*

	Percentage
OVERALL (n=895)	26.4%
GENDER	
Male (n=4491)	31.2%
Female (n=445)	21.5%
INCOME LEVEL	
<\$20K (n=168)	33.6%
\$20-40K (n=219)	25.9%
\$40-60K (n=153)	24.4%
\$60-80K (n=104)	25.1%
>\$80K (n=178)	25.1%
AGE	
Under 50 (n=624)	25.5%
50+ (n=271)	28.4%

Children or Other Relatives Will Provide or Help Pay for Long-Term Care If We Need It

As shown in Table 23 below, belief that children or other relatives would provide or help pay for the costs of long-term care varied with ethnicity and income level. Among all ethnic groups, African Americans had the lowest tendency to express this belief, while the Asian/other category had the highest tendency. These results may stem from differences in cultural structure. Income level did not produce a distinct trend; the middle-income group (\$40,000-\$60,000/year) were least likely to hold this belief, while the lowest income group (<\$20,000/year) had the highest likelihood. This may indicate that income level and belief that children or other relatives would provide or help pay for long-term care costs are only slightly related, if at all. Age of respondents had no significant effect on responses to this question.

Table 23. *Percentage of respondents who don't have long-term care insurance indicating belief that children or relatives will provide or help pay for long-term care as a reason.*

	Percentage
OVERALL (n=895)	24.2%
ETHNICITY	
White/Non-Hispanic (n=521)	21.2%
Latino (n=224)	28.6%
African American (n=53)	16.7%
Asian/Other (n=97)	36.4%
INCOME LEVEL	
<\$20K (n=168)	31.0%
\$20-40K (n=219)	22.6%
\$40-60K (n=153)	19.2%
\$60-80K (n=104)	29.0%
>\$80K (n=178)	24.8%
AGE	
Under 50 (n=624)	25.2%
50 + (n=271)	22.1%

COMPARISON WITH RESULTS OBTAINED FROM 1994 AND 1996 FIELD POLLS

To assess the trend in public perception and attitudes towards long-term care insurance over an extended period, the California Partnership for Long-Term Care compared results from the 2001 Field Poll detailed in this report with results from the same survey as taken in the 1994 and 1996 Field Polls. Overall, there were few differences between the results from the 1994, 1996 and 2001 Field Polls. The few that exist are:

- There was a small but significant increase in the percentage of respondents who believe their chances are 75 percent or greater of being admitted into a nursing home sometime during their life – from 7 percent in 1996 to 10 percent in 2001.
- There was a small but statistically significant decline (from 5 percent in 1996 to 3 percent in 2001) in the percentage of respondents who estimated the cost of one year of long-term care to be less than \$10,000.
- There was a statistically significant reduction in the percentage of respondents who mistakenly believe their health insurance will pay for long-term care (45 percent in 2001) when compared to the percentage of respondents who believed so in 1996 (57 percent).
- Likewise, there was also a significant reduction in the percentage of respondents who erroneously believed that their individual health insurance policy will pay for long-term care expenses (44 percent in 2001) when compared against the percentage of respondents who believed so in 1996 (57 percent).
- Statistically significant changes were detected in 2 of the 8 individual attitudinal measures or reasons for not purchasing long-term care insurance:
 - a) In 2001, 33 percent of respondents (compared to 25 percent in 1996) believed that family assets and income would be enough to pay for long-term care should they need it.
 - b) In 2001, 23 percent of respondents (compared to 29 percent in 1996) believed there aren't any good long-term care policies that would completely meet their needs.

Table 15 of this survey, which details the attitudes of respondents towards long-term care, shows a decreasing percentage of respondents giving “don't know” or having no opinion as their response to these attitudinal measures. All eight of the individual attitudinal measures experienced statistically significant changes between the percentages found in 2001 and those found in 1996. However, there are no statistically significant changes in the percentages for these measures between 1994 and 2001.

CONCLUSIONS

The survey reveals an alarming perceptual tendency among Californians that contradicts current knowledge about the need for and costs of long-term care. Throughout the survey, ethnicity and

income level came to light as major influencing factors on how Californians perceive and respond to long-term care issues. A comparison between results from the 1996 and 2001 Field Polls makes it apparent that within this five-year period, only a limited number of public perceptions about long-term care insurance have changed to better reflect the reality of the situation. These findings underline the importance of increased effective education regarding long-term care to correct the preponderance of misconceptions. This education must be done with an eye towards preparing Californians for the reality that many of us face – the need for long-term care and the steadily rising costs of that care. Results of the 2001 Field Poll indicate that many Californians, particularly those at lower-income levels and in certain ethnic groups, do not currently have the information about long-term care and long-term care insurance that they need to adequately face a future that will likely include dealing with long-term care issues.